SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



ITEM: 3.57 (ID # 22442) MEETING DATE: Tuesday, August 29, 2023

FROM: RUHS-PUBLIC HEALTH:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM-PUBLIC HEALTH: Ratify and Approve the Subrecipient Agreement Number 754-5320-71209-23-24 with Essential Access Health for Family Planning and Related Preventive Health Services for the Period of Performance of April 1, 2023, through March 31, 2024; All Districts [Total Aggregate Amount: \$300,000; up to \$30,000 in additional compensation -100% Federal]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify and approve Subrecipient Agreement No. 754-5320-71209-23-24 with Essential Access Health for Title X Family Planning and Related Preventative Health Services for the period of performance of April 1, 2023, through March 31, 2024, in the aggregate amount of \$300,000;

Continued on Page 2

ACTION:Policy, Consent

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Spiegel, seconded by Supervisor Perez and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Perez, Washington, and Gutierrez

Nays: None Absent: None

Date: August 29, 2023

xc: RUHS-PH

Page 1 of 5 ID# 22442 3.57

SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

RECOMMENDED MOTION: That the Board of Supervisors:

- 2. Authorize the Chair of the Board to sign the agreement on behalf of the County;
- 3. Authorize the Director of Public Health, or designee, in accordance with Ordinance No. 459, based on the availability of fiscal funding and as approved as to form by County Counsel, to: a) sign all reports, certifications, forms, and subsequent amendments to the Subrecipient Agreement that exercise the options of the Agreement, including modifications to the statement of work that stay within the intent of the Agreement; b) sign amendments to the compensation provisions that do not exceed the additional sum total of 10% of the aggregate award amount; and c) sign all certifications, assurances, reports or other related documents required by Essential Access; and
- 4. Authorize the Director of Public Health, or designee, to accept additional funding from Essential Access Health for Title X Family Planning and Related Preventative Health Services and sign subsequent Subrecipient Agreements on behalf of the County, as approved as to form by County Counsel.

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	То	otal Cost:	Ongoing	g Cost
COST	\$75,000	\$225,000	\$300,000			\$0
NET COUNTY COST	\$0	\$0		\$0		\$0
SOURCE OF FUNDS	Budget Adju	ustment:	No			
	For Fiscal Y	ear: 22/23	-23/24			

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

Essential Access Health is contracted by the Federal Government to administer Title X Family Planning funds in California. As a current Title X subrecipient, Riverside University Health System-Public Health (RUHS-PH) receives an annual award to provide basic contraceptive education and teen pregnancy prevention outreach through the Family Planning Program. The Family Planning Program provides reproductive health education to the community through collaborative partnerships with Riverside University Health System-Community Health Centers (RUHS-CHC), the Women Infants and Children (WIC) Program, schools, and several other community organizations. Family Planning Program staff offer education on birth control methods, the identification and treatment of sexually transmitted infections, and screening for cancers, including breast and testicular cancer. Adolescent education to include human growth and development, healthy relationships, human trafficking, and gender and sexual orientation. The program refers clients to RUHS-CHC for reproductive health exams, sexually transmitted screening and treatment, and contraceptive services.

Title X Regulations (42 CFR, part 59.5, subpart A, as revised on October 7, 2021) prohibit federal Title X funds from going to any family planning site that also provides abortion services.

SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

Riverside County Family Planning Program services do not promote nor provide abortion as a method of family planning.

Impact on Residents and Businesses

The Family Planning Program is designed to improve the health status of the community by providing reproductive health services to all residents within the community, with a special focus on reducing the number of teen pregnancies and incidence of sexually transmitted infections among teens. The incidence of sexually transmitted infections remains high, and so has the demand for information and education on these topics within the community. RUHS-PH's goal is to continue providing reproductive health education, clinical linkage, and access to contraceptive methods to teens, foster youth, LGBTQ, college youth and other high-risk populations within the community.

Additional Fiscal Information

Pursuant to 42 CFR § 59.7, Subrecipient must provide non-federal matching share in the amount of not less than ten percent (10%) of the Title X Award ("Matching Requirement")." The total aggregate amount awarded to RUHS-PH is \$300,000. The allocation will be distributed for each fiscal year as follows:

County Fiscal Year

Year	Amount
FY 22/23	\$ 75,000
FY 23/24	\$ 225,000
Total	\$ 300,000

Contract History and Price Reasonableness

RUHS-PH Family Planning Program has received Title X funding from Essential Access Health for more than 20 years. Funding is made available through a competitive bid process every three years. Essential Access anticipates awarding additional funds to RUHS-PH over the next few years. In the event that additional funding is awarded, RUHS-PH is requesting approval from the Board to authorize the Director of Public Health to accept the funding on behalf of the County.

On August 30, 2022, Minute Order 3.68, the Board of Supervisors approved the Subrecipient Agreement with Essential Access Health for the period of performance of April 1, 2022 through September 30, 2022 in the amount of \$150,000.

On July 27, 2021, Minute Order 3.26, the Board of Supervisors approved the Subrecipient Agreement with Essential Access Health for the period of performance of April 1, 2021 through March 31, 2022 in the amount of \$500,000.

On August 4, 2020, Minute Order 3.44, the Board of Supervisors approved the Subrecipient Agreement with Essential Access Health for the period of performance of April 1, 2020 through March 31, 2021 in the amount of \$500,000.

SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

On December 10, 2019, Minute Order 3.39, the Board of Supervisors approved Amendment No. 02 to the subrecipient Agreement with Essential Access Health for the period of performance of April 1, 2019 through March 31, 2020 in the amount of \$50,000.

On July 31, 2018, Minute Order 3.46, the Board of Supervisors approved Amendment No. 02 with Essential Access Health for the period of performance of April 1, 2018 through April 31, 2018 in the amount of \$110,000.

On December 12, 2017, Minute Order 3.35, the Board of Supervisors approved Amendment No. 01 of the Subrecipient Agreement with Essential Access Health for the period of performance of April 1, 2017 through March 31, 2018 in the amount of \$179,025.

The California Family Health Council, Inc. (CFHC) is now referred to as Essential Access Health.

On May 17, 2016, Minute Order 3.24, the Board of Supervisors approved Amendment No. 2 of the Subrecipient Agreement with the California Family Health Council (CFHC) for the period of performance of January 1, 2016 through March 31, 2016 in the amount of \$447,563.

On March 1, 2015, Minute Order 3.22, the Board of Supervisors approved Subrecipient Agreement with the California Family Health Council, Inc. (CFHC) for the period of performance of January 1, 2015 through December 31, 2015 in the amount of \$358,050.

On March 18, 2014, Minute Order 3.28, the Board of Supervisors approved Subrecipient Agreement with the California Family Health Council, Inc. (CFHC) for the period of performance of January 1, 2014 through December 31, 2014 in the amount of \$358,050.

On April 30, 2013, Minute Order 3.13, the Board of Supervisors approved Subrecipient Agreement with the California Family Health Council, Inc. (CFHC) for the period of performance of January 1, 2013 through December 31, 2013 in the amount of \$447,568.

On March 27, 2012, Minute Order 3.11, the Board of Supervisors approved Subrecipient Agreement with the California Family Health Council, Inc. (CFHC) for the period of performance of January 1, 2012 through December 31, 2012 in the amount of \$481,256.

ATTACHMENTS:

ATTACHMENT A. Subrecipient Agreement No. 754-5320-71209-23-24 with Essential Access

SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

Douglas ordonez Jr. 8/2

Gregg Gu, Chief Jepty County Counsel 8/18/2023

SUBRECIPIENT AGREEMENT AGREEMENT NUMBER 754-5320-71209-23-24

This Subrecipient Agreement ("the Agreement") is hereby entered into by and between Essential Access Health ("Essential Access"), and **County of Riverside Department of Public Health**, ("Subrecipient") (individually "the Party" and collectively "the Parties"), to set forth the objectives, understandings, and agreements between the Parties in connection with the subaward of Title X grant funds as described herein.

WHEREAS, Essential Access has received funding pursuant to Title X for the provision of family planning and related preventive health services to eligible clients in the State of California, commencing April 1,2023; and

WHEREAS, Essential Access, as the Grant Recipient, is authorized by the DHHS and desires to execute an agreement with Subrecipient to support the provision of Title X services to residents of Subrecipient's geographic area in accordance with all provisions of 42 CFR Part 59 currently in effect or implemented during the period of the Grant; and

WHEREAS, Subrecipient is appropriately licensed and qualified and desires to enter into this Agreement with Essential Access and agrees to deliver the services described herein in accordance with the terms and conditions set forth below;

NOW THEREFORE, in consideration of the mutual promises and covenants herein contained and intending to be legally bound hereby, Essential Access and Subrecipient agree as follows:

ARTICLE I: TYPE OF AGREEMENT

This Agreement is a subaward of federal funds awarded by Essential Access to Subrecipient. It is a cost-reimbursement agreement that will pay Subrecipient for allowable costs as provided for in the applicable cost principles issued by the Office of Management and Budget 2 CFR Part 200 Subpart E and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards 45 CFR Part 75 Subpart E.

ARTICLE II: SCOPE OF WORK

A. Scope of Services.

1. Subrecipient shall, in a manner satisfactory to Essential Access, make available to all eligible individuals in the State of California the services provided under the Title X program ("Clients"), including comprehensive family planning and related preventive health services, except for abortion, and such other services as are reflected in the Scope of Work, attached hereto and incorporated by reference herein as Attachment A. The Attachment A, Scope of Work is based on services to be provided over the budget period April 1, 2023 throughMarch 31, 2024, but may be adjusted based on performance and/or progress made toward the objectives outlined in the Scope of Work.

2. Subrecipient shall establish and implement policies and procedures governing personnel, financial management, and programmatic management, as specified more fully in OMB Uniform Guidance at 2 CFR Part 200 and the DHHS regulations at 45 CFR Part 75, as applicable. Such policies and procedures shall be consistent with: (i) requirements of the Title X statute and implementing regulations, as well as all requirements of all Title X related laws and regulations; (ii) other applicable federal and state laws and regulations, including procurement laws, the OMB Uniform Guidance and Circulars; and (iii) DHHS and/or OPA Program Guidance, including the Title X Program Requirements and Quality Family Planning Recommendations (QFP).

B. Program Modification.

1. Subrecipient may make changes to staff and location of its Family Planning services, provided that Subrecipient shall notify Essential Access in writing within ten (10) working days in advance of any such change in key staff or any address change or closure of a Title X clinic site location.

ARTICLE III: FINANCIAL PROVISIONS

A. Amount of Award.

- 1. In consideration of the services to be delivered by Subrecipient as described in Article II herein, Essential Access shall pay Subrecipient a total amount not to exceed \$300,000 (the "Title X Award") during the term of this Agreement, provided that funds are available for this purpose under the Grant and Subrecipient is in compliance with all terms and conditions of this Agreement. Subrecipient is only entitled to receive reimbursement for its actual, allowable costs and is not entitled to any payments over and above its actual, allowable cost of operating the Title X program provided for herein, nor any carryover funds at the end of a budget period.
- 2. All payments of subaward funds authorized under this Agreement are contingent upon (i) the availability and amounts of the Grant funds awarded to Essential Access as the Grant Recipient, including but not limited to funding amounts authorized by any FY appropriations or Continuing Resolutions; and (ii) Essential Access' receipt of Grant funds from DHHS for the applicable budget period. The amount of funding to be provided to Subrecipient under this Agreement may be adjusted to reflect the actual funding that Essential Access receives from DHHS, which may cover budget periods of less than one year, and/or adjusted due to suspension, termination, or relinquishment of the Grant under which this Agreement is made, or a portion thereof, as noted in Article X.

B. Financial Systems.

Subrecipient shall maintain financial systems in accordance with United States Generally Accepted Accounting Principles ("U.S. GAAP") and, as applicable, 2 CFR Part 200 Subpart D, and the DHHS regulations at 45 CFR Part 75 Subpart D.

C. Budget.

- 1. Subrecipient agrees to provide a budget and cost allocation methodology statement, to be entered in the Essential Access portal https://extranetportal.essentialaccess.org with line items and amounts approved by Essential Access, as support for Subrecipient's Title X Award. Once approved, the budget and cost allocation methodology statement will be incorporated by reference herein as the Agreement's approved Title X Award Budget.
- 2. Subrecipient may make modifications to the Agreement's approved Title X Award Budget, provided that such modification does not require prior approval pursuant to 2 CFR Part 200.308 or 45 CFR Part 75.308, as applicable, and that any request for modification is submitted to Essential Access by April 25, 2024. Approval of a requested modification does not alter or extend the reporting due dates as set forth in Attachment B: Family Planning Services Reporting Requirements, attached hereto and incorporated by reference herein.
- 3. If Subrecipient has an approved DHHS negotiated indirect cost rate, Subrecipient may use such rate only after it has provided current documentation of the approved rate to Essential Access. Subrecipients that use a non-DHHS approved rate (i.e., state, county, local government rate) may use the lower of that rate or 21.2%. If no such rate exists, a de minimis indirect cost rate of 10% may be used as defined in the OMB Uniform Guidance at 2 CFR 200.414.

D. Non-Federal Share.

Pursuant to 42 CFR § 59.7, Subrecipient must provide non-federal matching share in the amount of not less than ten percent (10%) of the Title X Award ("Matching Requirement").

E. Cost Allowability.

1. Subrecipient expressly understands and agrees that the allowability of costs shall be determined in accordance with the OMB Uniform Guidance 2 CFR Subpart E and the DHHS Regulations 45 CFR Subpart E, as applicable. Subrecipient is liable for payment or reimbursement of any costs incurred by Subrecipient under this Agreement that may be disallowed by Essential Access, DHHS, or other appropriate federal officials. As such, Subrecipient shall be obliged to remit to Essential Access any funded amounts which were paid pursuant to this Article III and used to cover disallowed costs. If Subrecipient fails to remit such amounts within thirty (30) days, Essential Access may offset such amount against future funding obligations by Essential Access or take any other action available to it under law to reclaim such amount.

F. Payment.

1. Subrecipient shall furnish Essential Access with reports of its costs by the 25th of the month following the end of each calendar quarter. If the 25th falls on a weekend or holiday, then the report will be due on the next business day.

- 2. Payment will be made based on Subrecipient's timely submission of financial and performance reports required herein, and approval by Essential Access of such reports. Accordingly, within thirty (30) days of receipt and approval of such report, Essential Access shall reimburse Subrecipient for properly documented and allowable costs under this Agreement. Essential Access will review and approve reports submitted by Subrecipient based on the following criteria:
 - a. Expenditures are in accordance with the approved Title X Award budget;
 - b. The proper authorized indirect cost rate is applied;
 - c. The report contains sufficient detail to identify the cost of items or the performance rendered:
 - d. Staff time is expensed properly in accordance with the approved Title X Award budget; and
 - e. Performance and expenditures are in compliance with applicable federal and state laws, regulations and requirements.

Essential Access reserves the right to reject a report submitted by Subrecipient for failure to meet any of the foregoing criteria.

- 3. This Agreement is subject to the availability of federal grant funds to Essential Access. Essential Access shall promptly notify Subrecipient, in writing, of any modification, payments (including partial payments or reductions in payments), delays, relinquishment, or cancellations of said DHHS grant. The Title X Award may be reduced or cancelled if DHHS reduces the Grant for any reason or if Essential Access no longer receives the Grant from DHHS for any reason.
- 4. Notwithstanding any other provision of this Agreement, Subrecipient understands and agrees that should Subrecipient fail to expend its Title X Award, Essential Access reserves the right to reallocate the Title X Award to ensure that funds are expended efficiently. Essential Access shall review the Subrecipient's use of the Title X Award at the beginning of the last quarter of the Term, and upon determination that the Title X Award is not being expended efficiently or will not be expended fully during the Agreement's term, Essential Access may, in its sole discretion, reallocate all or a portion of Subrecipient's Title X Award to another organization. Subrecipient understands and agrees that it may not carry over any non-obligated portion of its Title X Award to the next grant period.

ARTICLE IV: TECHNICAL ASSISTANCE

Essential Access shall provide Subrecipient with support and technical assistance that Essential Access, in its sole discretion, deems necessary and appropriate, regarding Subrecipient's responsibilities set forth in this Agreement. The provision of any technical assistance does not, however, relieve or reduce Subrecipient's responsibility for compliance with any of the terms and

conditions of this Agreement or any applicable federal or state laws, regulations or requirements. In addition, Subrecipient shall participate (one administrator and one clinician) in the Essential Access annual Title X Business Meeting to be held in Los Angeles (date to be determined), as well as any other Title X-related trainings, quality assurance initiatives and service enhancements developed by DHHS, OPA, and/or Essential Access, as required by Essential Access.

ARTICLE V: TERM

This Agreement shall be in effect from April 1, 2023 through March 31, 2024, or unless the Agreement is terminated or suspended at an earlier date in accordance with Article X of this Agreement.

ARTICLE VI: GENERAL PROGRAM REPORTING AND OTHER REQUIREMENTS

A. Reporting.

- 1. Subrecipient shall maintain and furnish to Essential Access financial and programmatic information and reports (in such forms as Essential Access may reasonably prescribe) as required under the OMB Uniform Guidance at 2 CFR Part 200.300 or the DHHS regulations at 45 CFR Part 75.300, as applicable, and set forth herein in Attachment B.
- 2. Subrecipient shall cooperate with and, as reasonably requested, assist Essential Access in the development and preparation of those portions of the Federal Financial Report ("FFR"), as well as other required reports, which pertain to Subrecipient's activities under this Agreement. Such reports shall be prepared according to the timeframes established by Essential Access and shall be reviewed and revised in accordance with the directives of Essential Access. Such reports shall be approved, signed and submitted to DHHS, or the appropriate authorities, by Essential Access.
- 3. Notwithstanding Article III, in the event that Subrecipient fails to deliver the required reports within the time frames established by Essential Access, or otherwise comply with the terms of this Agreement, it is agreed that Essential Access may, upon reasonable notice, suspend reimbursements to Subrecipient until such reports are delivered to and approved by Essential Access or until Subrecipient fully complies with the terms of this Agreement.

B. Record Keeping and Access.

1. Subrecipient shall maintain financial records, supporting documents, statistical records, and all other books, documents, papers or other records pertinent to this Agreement for a period of three (3) years from the date of Essential Access' submission of the annual financial report covering the funds awarded hereunder, or for such other period as may be specifically required by the OMB Guidance at 2 CFR Part 200.333 and the DHHS regulations at 45 CFR Part 75.361, as applicable. If an audit, litigation, or other action involving the records is started before the end of the three (3) year period, Subrecipient agrees to maintain the records until the end of the three (3) year period or until the audit,

litigation, or other action is completed, whichever is later. Client medical records must be retained in accordance with state and federal regulations. Records for real property and equipment acquired with Title X funds shall be retained for three (3) years after final disposition.

2. Subrecipient shall make available to Essential Access, DHHS, the Comptroller General, or any of their duly authorized representatives, upon appropriate notice, such books, records, reports, documents, and papers that are pertinent to the award for audit, examination, excerpt, transcription, and copy purposes, for as long as such records, reports, books, documents, and papers are retained. This right also includes timely and reasonable access to Subrecipient's facility and to Subrecipient's personnel for the purpose of interview and discussion related to such documents. Subrecipient shall, upon request, transfer certain records to the custody of Essential Access or DHHS.

C. Monitoring/Oversight/Assessment.

1. Subrecipient agrees to permit Essential Access and/or DHHS to evaluate, through inspection or other means, the quality, appropriateness, and timeliness of services delivered under this Agreement and to assess Subrecipient's compliance with applicable legal and programmatic requirements. If Essential Access identifies and notifies Subrecipient of any instances of Subrecipient non-compliance with the terms of this Agreement, or otherwise in the operation of Subrecipient's Program, Essential Access shall notify Subrecipient of such deficiencies, and may ask for a corrective action plan.

Essential Access, in its sole discretion, may offer to provide technical assistance to Subrecipient in order to correct or eliminate such deficiencies. Additionally, Essential Access shall grant Subrecipient a reasonable time period to correct or eliminate such deficiencies; provided that in no case shall the time allowed exceed six (6) months from the date of notice of the deficiency.

2. Subrecipient agrees to permit Essential Access and DHHS to evaluate, through audit, inspection, onsite review or other means, the quality, appropriateness, and timeliness of services delivered pursuant to this Agreement. Essential Access may, at its discretion, conduct periodic, announced or unannounced monitoring visits to Subrecipient's sites or facilities to ensure program and administrative compliance with Title X goals and the scope of work under this Agreement, and to ensure compliance with all applicable requirements.

D. Audit.

1. Annually, at the end of each Subrecipient fiscal year, Subrecipient shall have an external audit (the "Audit") performed by an external auditor that meets the generally accepted government auditing standards ("GAGAS"), including of its Title X Award, in accordance with the provisions of OMB Uniform Guidance at 2 CFR Part 200 Subpart F and DHHS Regulations at 45 CFR Part 75 Subpart F for a single audit, if applicable, and U.S. Generally Accepted Accounting Principles ("GAAP").

2. Upon receipt of the report resulting from the Audit, Subrecipient shall submit to Essential Access (and to any other agency, as directed by Essential Access) a copy of such report within thirty (30) days of Subrecipient's receipt of the audit report(s), but no later than nine (9) months after the end of the audit period. In addition, if necessary, Subrecipient shall provide to Essential Access any corrective action plan resulting from the findings of the audit. Essential Access shall review and evaluate the audit results, including Subrecipient's corrective action plan, where such a plan is necessary. Essential Access reserves the right to request additional information regarding Subrecipient's corrective action plan. Subrecipient agrees to promptly implement such corrective action plan, including any recommendations made by Essential Access.

ARTICLE VII: CALIFORNIA STATE BILLING REQUIREMENTS

A. Required Billing Numbers.

Subrecipient must have all National Provider Identification ("NPI") numbers necessary to bill Family Planning Services it will provide pursuant to this Agreement. Subrecipient is required to identify both Medi-Cal and Family PACT eligible patients and bill services for these patients to the Medi-Cal and Family PACT programs, as applicable.

B. Medications Billed to Third Parties.

Funding provided by this contract may not be allocated for any medications that are also billed to a third party or reimbursements.

ARTICLE VIII: CENTRALIZED DATA SYSTEM

A. Essential Access Data System.

Essential Access maintains a Centralized Data System ("CDS") to collect and securely store data regarding services provided to Title X Clients at clinic sites throughout California. Essential Access shall maintain the CDS, monitor the quality of Subrecipient data submission, develop action plans ("CDS Action Plans"), provide data management services, and provide ongoing CDS-related support to Subrecipients.

B. Subrecipient Responsibilities for CDS. Subrecipient is responsible for:

- 1. Completion of all steps in any CDS Action Plan within a mutually agreed timeframe tailored to the Subrecipient's capabilities and resources. The CDS Action Plan may require the modification of Subrecipient's registration forms, data entry screens, and or billing instruments. The CDS Action Plan may also require modifications to the Subrecipient's payment management system ("PMS") or electronic health records ("EHR") system to identify client visit records ("CVR") of eligible Title X clients and export files in CDS-compatible formats, as well as completing Software Release Forms to enable CDS staff to work directly with Subrecipient software vendors, as applicable;
- 2. Submission by the 25th of the month of CVR export files, including error corrections;

- 3. Notification within thirty (30) days to Essential Access if the CDS audit report is inconsistent with the export file;
- 4. Notification within thirty (30) days to Essential Access of the addition, deletion, or modification of any data codes included in the Subrecipient's submission;
- 5. Notification to Essential Access of clinic site closure(s) or changes in key personnel in accordance with Article II, Section B of this Agreement.
- 6. Manual updates of Semi-Annual Progress Report tables with any aggregate data not submitted through CDS.

ARTICLE IX: OWNERSHIP OF PROPERTY ACQUIRED UNDER THIS AGREEMENT

A. Equipment and Supplies.

- 1. Subrecipient's purchase, use and disposition of property, equipment and supplies is governed by the OMB Uniform Guidance at 2 CFR Part 200.310 -316 and the DHHS Regulations at 45 CFR Part 75.317 323, as applicable, and related DHHS policies.
- 2. Subrecipient shall maintain adequate property records, as well as effective inventory, control, and maintenance procedures. Subrecipient will be responsible for replacing or repairing equipment for which it is accountable if lost, damaged or destroyed due to negligence on the part of the Subrecipient, or failure to secure appropriate insurance, or noncompliance with property management regulations or instructions of Essential Access or its funding source. For the purposes of this Agreement, "equipment" is defined as any item purchased with Title X Award funds with a useful life of more than one (1) year with a per unit acquisition cost of \$5,000 or more, unless Subrecipient uses a lower limit. Subrecipient shall submit a list with the required elements from OMB Uniform Guidance at CFR Part 200.313 and DHHS Regulations at 45 CFR Part 75.320, as applicable, of all such equipment to Essential Access if requested (the "Equipment Inventory List").
- 3. Essential Access reserves the right to require transfer of property acquired with funds awarded under this Agreement as provided in the OMB Uniform Guidance at 2 CFR Part 200.313 and the DHHS Regulations at 45 CFR 75.319.

B. Copyrightable Material.

- 1. If any copyrightable material is developed in the course of or under this Agreement, Essential Access and DHHS shall have a royalty-free, non-exclusive and irrevocable right to reproduce, publish, and authorize others to reproduce or publish, or otherwise use such material.
- 2. Subrecipient must obtain Essential Access prior written approval to copyright any such material or to permit any third party to do so.

- 3. Sub-recipients also may assert copyright in scientific and technical articles based on data produced under the grant and transfer it to the publisher or others where necessary to effect journal publication or inclusion in proceedings associated with professional activities. Any such transfer is subject to the royalty-free, non-exclusive and irrevocable license to the Federal government and any agreement should note explicitly that the assignment is subject to the government license. Journal or other copyright practices are acceptable unless the copyright policy prevents the recipient from making copies for its own use (as provided in 45 CFR part 75). The recipient should account for royalties and other income earned from a copyrighted work as specified by HHS Operation Divisions.
- 4. For each publication that results from HHS grant-supported activities, recipients must include an acknowledgment of grant support using one of the following statements:
 - a. "This publication was made possible by Grant Number 5 FPHPA006537-02 from the U.S. Department of Health and Human Services Public Health Service." Or
 - b. "The project described was supported by Grant Number 5 FPHPA006537-02 from the U.S. Department of Health and Human Services Public Health Service."

Recipients also must include a disclaimer stating the following: "Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Population Affairs, U.S. Public Health Service or HHS."

5. Essential Access and the funding source reserve the right to conduct its own examination of materials produced under this contract. If, upon examination any materials are deemed inappropriate, Essential Access reserves the right to recall these materials from public distribution.

ARTICLE X: SUSPENSION AND TERMINATION

A. Suspension.

Suspension means any action by Essential Access that suspends payments under this Agreement. Essential Access may, after providing notice to Subrecipient, suspend this Agreement for failure to comply with reporting requirements set forth in Article VI for a period not to exceed thirty (30) days, pending corrective action by Subrecipient.

B. Termination Without Cause.

Either Party may terminate this Agreement for any reason by giving the other party at least thirty (30) days' advance written notice, unless otherwise required herein.

C. Termination by Essential Access.

1. Essential Access may, by giving advance written notice to Subrecipient specifying the effective date, terminate this Agreement, in whole or in part, for cause. The term "cause" for termination shall include, but not be limited to:

- a. Failure in any material respect, for any reason, of Subrecipient to fulfill, in a timely and proper manner, its obligations under the Agreement, including non-compliance with the approved Family Planning Services and applicable laws, regulations, policies and procedures, including reporting requirements, provided that Subrecipient shall have thirty (30) days to correct such failure (which period may be extended in the sole discretion of Essential Access) after receiving notice of the failure thereof from Essential Access:
- b. Submission by Subrecipient to Essential Access of reports that are incorrect or incomplete in any material respect, provided that Subrecipient shall have fifteen (15) days to correct such submission (which period may be extended in the sole discretion of Essential Access) after receiving notice of the defect therein from Essential Access;
- c. Improper use of Title X-obligated funds, or Essential Access' reasonable belief that the Title X Award paid hereunder has been or will be misappropriated, or used for the purpose of providing abortions, in which case this Agreement shall terminate immediately;
- d. Suspension, termination, or relinquishment of the Grant under which this Agreement is made, or a portion thereof, in which case this Agreement shall terminate immediately;
- e. The occurrence of, or criminal indictment for, any act or omission by Subrecipient that is reasonably determined by Essential Access to be materially detrimental to the reputation, operation or activities of Essential Access, in which case this Agreement shall terminate immediately;
- f. The loss of required insurance by Subrecipient, in which case this Agreement shall terminate immediately;
- g. The loss or suspension of any license or other authorization to do business that is necessary for Subrecipient to perform services under this Agreement, in which case this Agreement shall terminate immediately;
- h. The omission or commission of any act or conduct for which a license or authorization is necessary for Subrecipient to perform its duties under this Agreement may be revoked or suspended (regardless of whether such suspension or revocation actually occurs), in which case this Agreement shall terminate immediately;
- i. Any material change in the legal or financial condition of Subrecipient that reasonably indicates that Subrecipient will be unable to perform as required under this Agreement, in which case this Agreement shall terminate immediately;
- j. The suspension or debarment of Subrecipient, in which case this Agreement shall terminate immediately; or

k. The good faith determination by Essential Access that the health, welfare or safety of clients receiving care provided by Subrecipient is jeopardized by the continuation of the Agreement, in which case this Agreement shall terminate immediately.

D. Termination by Subrecipient.

- 1. Subrecipient may terminate this Agreement for cause by giving written notice to Essential Access specifying the effective date. The term "cause" for termination shall include, but not be limited to:
 - a. Failure of Essential Access to provide payment in accordance with Article III, provided that Essential Access shall have fifteen (15) days to correct such breach (which period may be extended in the sole discretion of Subrecipient), and provided that all funds provided to Subrecipient pursuant to Article III have been exhausted; or
 - b. Application of special terms and conditions to The Title X Award by Essential Access, with which Subrecipient is unable or unwilling to comply, in which case this Agreement shall terminate immediately.

E. Termination Procedures.

- 1. Should this Agreement be terminated before the end of the Term by either party, Subrecipient agrees to comply with the following closeout procedures:
 - a. Subrecipient shall submit all financial, performance and other reports as required by the terms and conditions of the Agreement. At its sole discretion, Essential Access may approve or deny extensions when requested by the Subrecipient.
 - b. Unless an extension is granted, Subrecipient shall liquidate all obligations incurred pursuant to this Agreement no later than ninety (90) calendar days after the funding period or date of completion as specified in the Agreement.
 - c. Essential Access will make payments for allowable costs incurred prior to termination only after all required documentation has been received and approved.
- 2. In the event of termination of this Agreement, either in whole or in part, all property, finished or unfinished documents, data, studies, and/or reports purchased or prepared by the Subrecipient under this Agreement shall, at the option of Essential Access, become its property or be disposed of and Subrecipient shall be entitled to compensation for any unreimbursed expenses necessarily incurred in satisfactory performance of this contract. Notwithstanding the above, Subrecipient shall not be relieved of liability to Essential Access for damages sustained by Essential Access by virtue of any breach of this Agreement by Subrecipient, and Essential Access may withhold any reimbursement to Subrecipient for the purpose of offset until such time as the exact amount of damages due Essential Access from Subrecipient is agreed upon or otherwise determined.

3. Essential Access, by the rules and regulations set by its funding source, reserves the right to determine ownership of any and all equipment purchased by Subrecipient during the course of this Agreement. Ownership will be determined after Subrecipient has submitted an Equipment Inventory in accordance with Article IX of this Agreement.

ARTICLE XI: RELATIONSHIP; INDEMNIFICATION

A. Relationship of Parties.

- 1. During the term of this Agreement, Essential Access and Subrecipient shall remain separate and independent entities. None of the provisions of this Agreement are intended to create, nor shall be deemed or construed to create any relationship between or among the Parties other than that of independent entities. Except as otherwise provided, neither of the Parties shall be construed to be the agent, partner, co-venturer, employee or representative of the other Party.
- 2. Subrecipient is an independent contractor and, therefore, is not covered by, or entitled to, any insurance (including Worker's Compensation coverage for Subrecipient's employees) or other benefits maintained by Essential Access for its officers, agents, or employees.

B. Indemnification.

- 1. Subrecipient hereby agrees to indemnify, defend and hold harmless Essential Access, its affiliates, officers, directors, employees and agents against any and all liability, loss, damages or expenses that Essential Access, its affiliates, officers, directors, employees or agents may hereinafter sustain, incur or be required to pay (including court costs and reasonable attorney fees) arising from the acts or omissions of Subrecipient, its officers, employees, agents or representatives in connection with the performance of or failure to perform its obligations under this Agreement, except to the extent caused by or resulting from the negligence or willful misconduct of Essential Access.
- 2. Essential Access hereby agrees to indemnify, defend and hold harmless Subrecipient, its affiliates, officers, directors, employees and agents against any and all liability, loss, damage or expense that Subrecipient, its affiliates, officers, directors, employees or agents may hereinafter sustain, incur or be required to pay (including court costs and reasonable attorneys' fees) arising from the acts or omissions of Essential Access, its officers, employees, agents or representatives in connection with the performance or failure to perform its obligations under this Agreement, except to the extent caused by or resulting from the negligence or willful misconduct of Subrecipient.
- 3. The obligations of this Section shall survive termination of this Agreement.

XII: DISPUTE RESOLUTION

The Parties shall first attempt to resolve any claims, controversies or disputes arising out of or relating to this Agreement by informal discussions between the Parties, subject to good cause exceptions, including, but not limited to, disputes determined by either Party to require

immediate relief (i.e., circumstances which may result in fraud, theft or a misappropriation of Title X funds). Any claim, controversy or dispute that has not been resolved by informal discussions between the Parties within a reasonable period of time after the commencement of such discussion (not to exceed thirty (30) calendar days), shall then be resolved by final and binding arbitration under the commercial arbitration rules of the American Arbitration Association then in effect. Essential Access and Subrecipient will pay their own attorneys' fees and expert fees and other costs related to prosecuting or defending any dispute but shall share equally the costs and fees associated with the arbitration hearing and the arbitrator or arbitration panel. Judgment on any arbitration award or decision may be entered in any court having jurisdiction.

ARTICLE XIII: INSURANCE

A. Subrecipient Insurance Requirements.

- 1. Subrecipient agrees to secure and maintain, or cause to be secured and maintained, during the Term of this Agreement and as appropriate, the insurance coverage set forth as follows:
 - a. General Liability: coverage of at least \$1,000,000 per occurrence and \$3,000,000 annual aggregate against general liability endorsed for premises-operations, products/completed operations, contractual, property damage, and personal injury liability;
 - b. Workers' Compensation: in accordance with applicable law statutorily required amounts;
 - c. Professional Liability: coverage of at least \$1,000,000 per occurrence against professional liabilities for Subrecipient and its employed health care practitioners which may occur as a result of services provided by Subrecipient's health care practitioners; and
 - d. Fidelity: coverage adequate to protect against loss due to employee dishonesty.

B. Additional Insurance Provisions.

- 1. Essential Access will be named as a co-insured or additional insured on all of Subrecipient's insurance policies showing the above coverage amounts and effective dates.
- 2. If Subrecipient's professional liability insurance is written in a "claims made", as opposed to an "occurrence" form, Subrecipient agrees to purchase or otherwise make arrangements for a "tail" or extended disclosure period policy for all activities so insured during the course of this Agreement.
- 3. Within ten (10) days after execution of this Agreement, Subrecipient will provide Essential Access with certificates of insurance for the above required coverages. Subrecipient shall promptly provide Essential Access with written notice of any ineligibility determination, suspension, revocation or other action or change relevant to the insurance requirements set

forth above. Subrecipient may provide all or a portion of the required coverage through programs of self-insurance as allowed by California law.

ARTICLE XIV: CONFIDENTIALITY

In accordance with prevailing federal and state of California confidentiality statutes, regulations, customs and usage, canons, or code of professional ethics, the Parties (and their employees, agents, and contractors) shall not disclose, except to each other, any proprietary information, professional secrets or other information, records, data and data elements (including, but not limited to, protected health information as defined by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA")) collected and maintained in the course of carrying out responsibilities under this Agreement, unless either Party receives prior written authorization to do so from the other Party or as authorized or required by law; provided that, nothing contained herein shall be construed to prohibit Essential Access or DHHS from obtaining, reviewing, and auditing any information, record, data, and data elements to which it is lawfully entitled. All confidential obligations contained herein (including those pertaining to information transmitted orally) shall survive termination of this Agreement.

ARTICLE XV: CONFLICT OF INTEREST

A. Written Conflict of Interest Policy.

Subrecipient shall maintain a written conflict of interest policy that includes provisions to ensure that no employee, director, officer, or agent shall participate in the administration of the Title X Award if an actual, apparent or potential conflict of interest would be involved. Such a conflict would arise when the employee, consultant, officer or member of Subrecipient's Board of Directors uses his/her position for purposes that are, or give the appearance of being, motivated by the possibility of private gain for himself, herself, or others, such as those with whom they have family, business, or personal ties.

B. Subrecipient Employees.

Subrecipient shall ensure that no employee shall be paid as a staff member and a consultant.

ARTICLE XVI: GOVERNING LAWS

A. Title X Award-Related Laws, Regulations, and Policies.

This Agreement shall be governed and construed in accordance with applicable federal and state laws, regulations, and policies, including, but not limited to:

- 1. The Title X Statute (42 U.S.C. § 300 et seq., as amended);
- 2. The Title X Regulations (42 CFR part 59);
- 3. The Federal Regulations (42 CFR, part 50, Subpart B);

- 4. The terms and conditions of the Title X Award, as well as relevant Program Guidelines and Program Instructions issued by DHHS and OPA;
- 5. The Transparency Act (2 CFR Part 170);
- 6. 2 CFR Part 200 or 45 CFR Part 75 (DHHS Grants Administration regulations), as applicable;
- 7. The Consolidated Appropriations Act, 2023 imposes the following statutory provisions which limit the use of Title X funds during the current budget period.
 - a. Restrictions on Distribution of Sterile Needles (Section 523) "Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug."
 - b. Salary Limitation (Section 203) "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Effective January 2022, the Salary Limitation is based upon the Executive Level II of the Federal Executive Pay Scale. That amount is \$203,700, (but typically increases annually). For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. An individual's direct salary is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to the grant. A recipient may pay an individual's salary amount in excess of the salary cap with non-federal funds.
 - c. Anti-Lobbying (Section 503)
 - i. "No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.
 - ii. No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or

legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

- iii. The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control."
- d. Gun Control (Section 218) "None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control."

8. Reporting of Total Compensation of Executives

- a. Applicability and what to report. Unless you are exempt as provided in Article XVI, subsection 8.c, you shall report the names and total compensation of each of your five most highly compensated executives for the preceding fiscal year if
 - i. In the preceding fiscal year, you received 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and
 - ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the Executive Compensation page of the SEC website.)
- b. Where and when to report. You must report executive total compensation described in Article XVI, subsection 8a.:
 - i. To Essential Access
 - ii. By the end of the month following the month during which you receive the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e. between October 1 and 31), you must report any required compensation information by November 30 of that year.

c. Exemptions

i. If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report:

- ii. Subawards, and
- iii. The total compensation of the five most highly compensated executives.

B. Compliance with other Applicable Law.

In connection with the provision of services pursuant to this Agreement, Subrecipient agrees:

- 1. To comply with the Civil Rights Act of 1964 and all other federal, state, or local laws, rules, and orders prohibiting discrimination. Consistent with the foregoing, Subrecipient agrees to comply with Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375, and as supplemented in U.S. Department of Labor regulations (41 CFR Part 60);
- 2. If this Agreement is for more than \$150,000, to comply with applicable standards, orders, or regulations issued pursuant to the Clean Air Act of 1970 (42 U.S.C. § 7401 et. seq.) and the Federal Water Pollution Control Act (33 U.S.C. § 1251 et seq.), as amended;
- 3. If this Agreement is for more than \$100,000, to comply with the Sections 102 of the Contract Work Hours and Safety Standards Act (40 U.S.C. §327 et seq.), as amended; and
- 4. To make positive efforts to utilize small businesses, minority-owned firms and women's business enterprises in connection with any subcontracted work performed hereunder, whenever possible.

C. Compliance with State and Local Laws.

Subrecipient shall comply with all applicable laws, ordinances, and codes of the state of California and local governments in the performance of the Agreement, including all licensing standards and all applicable professional standards.

ARTICLE XVII: CERTIFICATIONS AND ACKNOWLEDGEMENTS

A. Certifications.

Subrecipient hereby certifies:

- 1. That neither it, nor any of its principal employees, has been debarred, excluded or suspended from participation in Medicare, Medicaid or in federally-funded contracts, in accordance with Executive Order 12549 and Executive Order 12689, entitled "Debarment and Suspension," and any applicable implementing regulations;
- 2. That it has not and will not use federal funds to pay any person or organization for influencing or attempting to influence an officer or employee of any federal agency, a member of Congress, or an employee of a member of Congress in connection with obtaining any federal contract, grant, or any other award covered by 31 U.S.C. § 1342, and that it will disclose any lobbying with non-federal funds that takes place in connection with obtaining any federal contract, grant, or other award;

- 3. That its employees providing Title X Family Planning Services shall not be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest, and that it will comply with all federal anti-trafficking laws, including the Trafficking Victims Protection Act of 2000 (Pub. L. 106-586), as amended, and 22 U.S.C. § 7104;
- 4. That it will encourage family participation in the decision of minors to seek Family Planning Services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities;
- 5. That no Title X Award funds shall be used to perform abortions or to supplant any funds used to perform abortions;
- 6. That it will comply with the 2023 Title X Program Special Terms and Requirements as set forth in Attachment C, attached by reference to this Agreement and incorporated by reference herein and:
- 7. That it does not, and will not, during the term of this Agreement, advertise, advocate, or promote abortion as a method of family planning, or receive any fee or any other consideration as payment for referrals for abortion services.
- 8. That if Subrecipient also provides abortions, it has implemented the Essential Access policy and procedure (Separation Policy), which is attached hereto as Attachment E to keep all funds provided under the Title X Award wholly separate and apart from any funds used to provide abortions and to prevent any commingling of such funds.

B. Acknowledgments.

Subrecipient hereby acknowledges:

- 1. That any violation of certifications five (5), six (6), seven (7), and/or eight (8) of this Article's Section A above will result in immediate termination of this Agreement by Essential Access; and
- That this Agreement is nonexclusive in nature, and Essential Access retains the authority to contract with other parties for the delivery of Family Planning Services in Subrecipient's geographic area.

ARTICLE XVIII: NOTICES

All notices required to be given under this Agreement shall be in writing, and delivered in person or sent by facsimile, overnight courier or certified mail, return receipt requested, postage prepaid, or electronic mail to the following addresses:

Essential Access: Essential Access Health

Attn: Richard Reetz

3600 Wilshire Blvd., Suite 600

Los Angeles, CA 90010 rreetz@essentialaccess.org

Subrecipient: Sandra Garcia

Nurse Manager

Riverside University Health System - Public Health

4065 County Circle Drive Riverside, CA 92503 sgarcia@ruhealth.org

The foregoing addresses may be changed and/or additional persons may be added thereto by notifying the other Parties hereto in writing and in the manner hereinafter set forth.

ARTICLE XIX: MISCELLANEOUS

A. Severability.

The provisions of this Agreement are not severable. In the event that any one or more provisions of this Agreement are deemed null, void, illegal or unenforceable, the Parties shall renegotiate or terminate the remaining provisions of this Agreement unless the Parties mutually agree in writing that the invalidity, illegality or unenforceability of said provision does not materially change the obligations of the Parties under this Agreement. In the event that the Parties reach such an agreement, this Agreement shall be construed in all respects as if such invalid or unenforceable provisions have been omitted.

B. Third Party Beneficiaries.

This Agreement was created by the Parties solely for their benefit and is not intended to confer upon any person or entity other than the Parties any rights or remedies hereunder.

C. Assignment.

The rights, obligations and responsibilities established herein shall not be assigned, subcontracted, or transferred by either Party without the express prior written consent of the other Party.

D. Entire Agreement.

This Agreement represents the complete understanding of the Parties with regard to the subject matter. This Agreement supersedes any other agreements or understandings between the Parties, whether oral or written, relating to the subject matter of this Agreement. No such other agreements or understandings may be enforced by either Party or employed for interpretation purposes in any dispute involving this Agreement.

E. Amendments.

Any amendment to this Agreement shall be in writing and signed by both Parties. Except for the specific provision of this Agreement which thereby may be amended, this Agreement shall remain in full force and effect after such amendment.

F. Headings and Construction.

All headings contained in this Agreement are for reference purposes only and are not intended to affect in any way the meaning or interpretation of this Agreement.

G. Waiver.

Performance of any obligation required of a party hereunder may be waived only by a written waiver signed by the other party, which waiver shall be effective only with respect to the specific obligations described therein. The waiver of a breach of any provision shall not operate or be construed as a waiver of any subsequent breach.

H. Counterparts and Facsimile Signatures.

Chief Deputy County Counsel

This Agreement may be executed in any number of original counterparts, none of which need contain the signatures of all Parties. Additionally, this Agreement may be consummated by electronic means, and an electronic signature shall be considered an original wet ink signature for all purposes.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the latest date set forth with the signatures below:

Essential Access Health	County of Riverside Department of Public Health
By: Nomsa Khalfani, PhD	By: Kevin Jeffries
Title: Co-Chief Executive Officer	Chairman, Board of Supervisors
Date: 07-27-2023	Date: 8 2 1 2 5
	System for Award Management (SAM)#: YXSZFGDUQUJ5
APPROVED AS TO FORM: Minh C. Tran County Counsel Gregg Gu By: Gregg M. Gu	ATTEST: KIMBERLY A. RECTOR, Clerk By DEPUTY

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• • • • • •	*** *** * ** * * * **		n the overall quality of the Family Placeds of the community.	Planning Program and its ability to			
• • • • • • •	•••	Implement or maintain a review process of all agency functions, in order to ensure high quality family planning services and compliance with all Title X Guidelines by March 31, 2024, as evidenced by completion of activities 1.A through 1.J.					
• • • • • •			••••	•••••			
• •••	Ensure that administrative policies and procedures are in place to facilitate effective and efficient management and governance.	• ••• •	Clinical Medical Director Clinical Associate Medical Director Clinical Director of Operations Clinical Director of Nursing Family Planning Program Chief Family Planning Nurse Manager	Policies and procedures maintained and reviewed at program evaluations. Desk audits determined by Essential Access Health staff.			
• •••	Review family planning program policies and procedures on an annual basis. Policies and procedures must include training for clinical, program, and other designated staff on mandatory reporting of child abuse and human trafficking as per OPA Program Requirements. Providers of abortion services will provide Title X family planning services in accordance with the Essential Access Health Separation of Family Planning and Abortion		Clinical Medical Director Clinical Associate Medical Director Clinical Director of Operations Clinical Director of Nursing Family Planning Program Chief Family Planning Nurse Manager	Meeting minutes maintained and reviewed at program evaluations and desk audits. Policies and procedures are maintained that reflect state law for mandatory reporting. Family planning staff participate in mandated reporting training on an annual basis; training is documented. Policies, procedures and training documentation are reviewed at program evaluations.			
• •••	Obtain annual client feedback through client satisfaction surveys inclusive of all sites.		Clinical Director of Quality Improvement Clinical Manager of Quality Improvement Clinical Director of Operations Family Planning program coordinator	Client satisfaction surveys conducted, summarized and acted upon. Reviewed at program evaluations and desk audits.			
• •••	Maintain and update a community needs assessment inclusive of the family planning program on a periodic basis (at least once every 5 years) to define subrecipient's role in the community.		Clinical Director of Operations Family Planning Program Coordinator Family Planning Nurse Manager	Community needs assessment inclusive of the family planning program maintained. CNA is reviewed at program evaluations.			
• •••	The Title X family planning program is implemented with input from individuals representative of served community and knowledgeable of community needs.		Clinical Director of Operations Family Planning Program Coordinator Family Planning Nurse Manager	Community participation meeting minutes reflect community representation and is reviewed at program evaluations and desk audits.			

	• •• ••		
• •••	Maintain and update current clinical and client education protocols which include but are not limited to: reproductive health care and appropriate primary care, disability, domestic violence, emergency care, pregnancy counseling and testing, birth control methods, STI/HIV and flu vaccinations.	Clinical Associate Medical Director Clinical Director of Operations Clinical Director of Nursing Family Planning Program Coordinator Family Planning Nurse Manager	Protocols maintained and staff updates are reviewed at program evaluations and desk audits.
• •••	Document procedures for the identification and referral of patients with the following problems: high blood pressure, HIV positive, domestic violence, and substance using/abusing.	Clinical Associate Medical Director Clinical Director of Operations Clinical Director of Nursing Family Planning Program Coordinator Family Planning Nurse Manager	Protocols and referral policies maintained. Reviewed during program evaluations.
• •••	Maintain a Continuous Quality Improvement (CQI) System that will, through medical records review at each site and inclusive of all providers, determine if all essential elements of comprehensive family planning services and appropriate education and counseling services are being provided at all Title X sites. Essential Access Health Performance Measure.	Clinical Director of Quality Improvement Clinical Manager of Quality Improvement Clinical Director of Operations Clinical Director of Nursing Family Planning Program Coordinator Family Planning Nurse Manager	Minutes of the Continuous Quality Improvement (CQI) medical team maintained. CQI is reviewed at program evaluations and desk audits.
• •••	Provide family planning data through the Centralized Data System (CDS) for the purpose of contract reporting and performance measurement. Implement, monitor and improve OPA performance metrics and FPAR data collection to ensure continuous quality improvement.	Family Planning Program Coordinator Family Planning Nurse Manager	Centralized Data System (CDS) data submitted per the contract and/or agency action plan. Data collection and tracking system are implemented with regular review from quality assurance team. FPAR data is submitted as required and OPA benchmarks are monitored. Data exports and quality assurance meeting minutes are reviewed at program evaluations.
• •••	Ensure family planning program operates on a voluntary basis and services are provided in a non-coercive manner.	Clinical Associate Medical Director Clinical Director of Operations Clinical Director of Nursing Family Planning Program Coordinator Family Planning Nurse Manager	Policies and procedures are maintained that reflect the voluntary nature of the family planning program. Family planning staff participate in a voluntary participation/non-coercion training at least once per project period; training is documented. Policies, procedures and training documentation are reviewed at program evaluations.

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				h services to Title V clients of		
			emprehensive family planning healt we age to plan and space their preg			
• • • • •	••••		mily planning education and medic as evidenced by completion of acti	al services to individuals by March vities 1.A through 1.I.		
• • • •				• • • • • • •		
• •••	Document and report the poverty status of family planning clients.	14500	Clinical Director of Operations Clinical Admissions and Collection Clerk	As documented in the Semi-Annua Progress Report (SPR) with sample data verified via chart audits at program evaluations.		
• •••	Provide family planning education, medical services and effective medically approved family planning methods and services, either on site or by referral for female clients. Essential Access Health Performance Measure.	10000	Clinical Providers: MD's, Nurse Practitioner, Physician Assistant Clinical Staff: Medical Assistant, Licensed Vocational Nurse, Registered Nurse Family Planning Assistant Nurse Manager Family Planning Nurse Manager Family Planning Licensed Vocational Nurses	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.		
• •••	Provide family planning education, medical services and effective medically approved family planning methods and services, either on site or by referral for male clients. Essential Access Health Performance Measure.	4500	Clinical Providers: MD's, Nurse Practitioner, Physician Assistant Clinical Staff: Medical Assistant, Licensed Vocational Nurse, Registered Nurse Family Planning Nurse Manager Family Planning Assistant Nurse Manager Family Planning Licensed Vocational Nurses	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.		
• •••	Provide a Chlamydia test to at least 80% of women 24 years or younger and in women 25 years or older who are at increased risk for infection within a 12-month period. Essential Access Health Performance Measure.		Clinical Providers: MD's, Nurse Practitioner, Physician Assistant Clinical Staff: Medical Assistant, Licensed Vocational Nurse, Registered Nurse	As documented in the Semi-Annua Progress Report (SPR) with sample data verified via chart audits at program evaluations.		
• •••	All female clients with an abnormal finding on their clinical breast exam should be followed for further evaluation.		Clinical Providers: MD's, Nurse Practitioner, Physician Assistant Clinical Staff: Medical Assistant, Licensed Vocational Nurse, Registered Nurse	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.		
• ••	The agency must attempt to notify all clients with positive STI/HIV tests within 72 hours of receiving lab results. Upon notification, counsel client regarding follow up and treatment.		Clinical Providers: MD's, Nurse Practitioner, Physician Assistant Clinical Staff: Medical Assistant, Licensed Vocational Nurse, Registered Nurse	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits and lab logs reviewed during program evaluations.		
• ••	All clients with an abnormal finding on their Pap smear should be followed for further evaluation. Essential Access Health Performance Measure.		Clinical Providers: MD's, Nurse Practitioner, Physician Assistant Clinical Staff: Medical Assistant, Licensed Vocational Nurse, Registered Nurse	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits and lab logs reviewed during program evaluations.		

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• ••	Incorporate routine opt-out HIV screening for all clients and testing for high risk clients in accordance with CDC Sexually Transmitted Infections Treatment Guidelines, 2021. Essential Access Health Performance Measure.		Clinical Providers: MD's, Nurse Practitioner, Physician Assistant Clinical Staff: Medical Assistant, Licensed Vocational Nurse, Registered Nurse	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
• •••	Provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents).		Clinical Providers: MD's, Nurse Practitioner, Physician Assistant Clinical Staff: Medical Assistant, Licensed Vocational Nurse, Registered Nurse Family Planning Nurse Manager Family Planning Assistant Nurse Manager Family Planning Licensed Vocational Nurses	As documented in the Semi-Annual Progress Report (SPR) or with sample data verified via chart audits at agency visits.
• • • • • • • • • • • • • • • • • • • •	• • •		ch populations by March 31, 2024	n and medical services to high-risk, , as evidenced by completion of
• • • • • •	• • • • • • • • • • • • • • • • • • • •		••••	• • • • • •
• •••	Provide family planning education and medical services to the following number of individuals in high-risk, hard-to-reach populations. In addition to Males, Adolescents, and Individuals with Limited English Proficiency (LEP), please select one or more ••••••••high risk populations that will be served:		Clinical Providers: MD's, Nurse Practitioner, Physician Assistant Clinical Staff: Medical Assistant, Licensed Vocational Nurse, Registered Nurse Family Planning Nurse Manager Family Planning Assistant Nurse Manager Family Planning Licensed Vocational Nurses	As documented in Semi-Annual Progress Report (SPR) and reviewed at program evaluations.
	Homeless Individuals	300		
	Substance-Using/Abusing Individuals	0		
	Individuals with Disabilities	0		
	Migrant Workers	0		
		2000		
	• • • •	4500		
		700		

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	• • • • • • • • • • • •	individuals	amily planning clients to take steps by initiating reproductive life plann tion / inter-conception care, when i					
• • • • • •	• • •	planning se	Provide preconception/inter-conception care and reproductive life planning/family planning services to Title X comprehensive exam patients through March 31, 2024 as evidenced by completion of activity 1.A.					
• • • • • • •		• • • • •	••••	•••••				
• •••	Obtain reproductive life plans on patients presenting for family planning services and provide pre-conception counseling to women planning pregnancy, open to pregnancy or using less effective medically approved family planning methods and services; in particular for women with chronic medical conditions that may affect pregnancy outcomes such as obesity, diabetes, hypertension and seizure disorders, and encourage use of folic acid.		Clinical Staff: Physicians, Nurse Practitioner, Physician Assistant Clinical Support Staff: Registered Nurse, Licensed Vocational Nurse, Medical Assistant	Document reproductive life plan counseling in client charts through 3/31/2024.				
		D	• • • • • • • • • • • • • • •					
• • • • • •	• • • • • • • • • • • • • • • • • • • •		mprehensive clinical and counselir					
• • • • • •	•••	Provide adolescent-specific counseling to all adolescent clients seeking family planning services by March 31, 2024, as evidenced by completion of activities 1.A through 1.D.						
• • • • • •				•••••				
• •••	Provide adolescent-friendly services in a manner that is client-centered, culturally and linguistically appropriate, inclusive, and trauma-informed.		Clinical Staff: Physicians, Nurse Practitioner, Physician Assistant Clinical Support Staff: Registered Nurse, Licensed Vocational Nurse, Medical Assistant Family Planning Clinical Staff	Documentation of counseling maintained in charts. Reviewed at program evaluations.				
 Provide counseling to minors on how to resist coercive attempts to engage in sexual activity. 			Clinical Staff: Physicians, Nurse Practitioner, Physician Assistant Clinical Support Staff: Registered Nurse, Licensed Vocational Nurse, Medical Assistant Family Planning Clinical Staff	Protocols maintained and staff updates reviewed. Chart audits performed at program evaluations.				
• •••	Report child and sexual abuse as required by state law.		Clinical Staff: Physicians, Nurse Practitioner, Physician Assistant Clinical Support Staff: Registered Nurse, Licensed Vocational Nurse, Medical Assistant Family Planning Clinical Staff	Protocols maintained and staff updates reviewed annually. Chart audits performed at program evaluations.				

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• •••	Provide counseling/education regarding family involvement to all adolescents less than or equal to 17 years of age seeking reproductive health services. Title X projects may not require consent of parents or guardians for the provision of services to minors, nor can any Title X project staff notify a parent or guardian before or after a minor has requested and/or received Title X family planning services.		Clinical Staff: Physicians, Nurse Practitioner, Physician Assistant Clinical Support Staff: Registered Nurse, Licensed Vocational Nurse, Medical Assistant Family Planning Clinical Staff	Protocols maintained and reviewed. Chart audits performed at program evaluations.
	•	• • • • •		
	•••••		e community's knowledge and acc the Subrecipient.	cess to family planning services
• • • • • • • • • • • • • • • • • • • •	• • •		arketing, community outreach and 1, 2024, as evidenced by complet	education to potential Title X clients ion of activities 1.A through 1.G.
• • • • • • •	••••		•••••	•••••
• •••	Maintain and implement a Community Education and Outreach Plan that increases community knowledge of reproductive health and family planning services to the community. Activities include: general outreach, partnership activities and mass marketing (Exhibit B).	5500	Family Planning Assistant Nurse Manager Family Planning Nurse Manager Family Planning Licensed Vocational Nurse	Community Education and Outreach Plan maintained, updated, and reviewed at program evaluations and desk audits.
• •••	Provide general outreach to individuals as stated in the Community Education and Outreach Plan (Exhibit B, Section I).	2000	Family Planning Assistant Nurse Manager Family Planning Nurse Manager Family Planning Licensed Vocational Nurse	As documented in the Semi-Annua Progress Report (SPR) and verified at program evaluations.
• •••	Provide education and outreach to individuals at partnership agencies as stated in the Community and Education and Outreach Plan (Data will be automatically populated from information entered in Exhibit B, Section II).	1500	Family Planning Assistant Nurse Manager Family Planning Nurse Manager Family Planning Licensed Vocational Nurse	As documented in the Semi-Annua Progress Report (SPR) and verified at program evaluations.
• •••	Conduct mass marketing activities as stated in the Community Education and Outreach Plan (Exhibit B, Section III).	2000	Family Planning Assistant Nurse Manager Family Planning Nurse Manager Family Planning Licensed Vocational Nurse	As documented in the Semi-Annua Progress Report (SPR) and verified at program evaluations.

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• •••	The advisory committee shall consist of no fewer than five members and up to as many members the recipient determines. The committee shall include individuals broadly representative of the population or community for which the materials are intended (in terms of demographic factors such as race, ethnicity, color, national origin, disability, sex, sexual orientation, gender identity, sex characteristics, age, marital status, income, geography, and including but not limited to individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ +) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality).		Family Planning Assistant Nurse Manager Family Planning Nurse Manager Family Planning Licensed Vocational Nurse	minutes and materials review	
• •••	Partner with community and faith- based organizations to serve to meet the unique needs of the local community.		Family Planning Program Chief Family Planning Assistant Nurse Manager Family Planning Nurse Manager Family Planning Licensed Vocational Nurse	As documented in the Semi-Annua Progress Report (SPR) and verified at program evaluations.	
• •••	Meaningful collaboration with documented partners to demonstrate a seamless continuum of care for clients.		Family Planning Program Chief Family Planning Assistant Nurse Manager Family Planning Nurse Manager Family Planning Licensed Vocational Nurse	sample data verified via chart	
	•				
• • • • •		Improve ar	nd maintain the Subrecipient's finar e.	ncial systems to ensure contract	
• • • • •	•• • • •	compliance	nt will maintain a family planning p with the contract requirements an ion of activities 1.A through 1.E.	rogram that is in financial id Title X guidelines, as evidenced	
• • • •	••••••	• • • • •	••••	•••••	
• •••	Develop a line item budget for the period ending March 31, 2024 and submit modifications as necessary during designated periods.		Family Planning Program Chief Family Planning Assistant Nurse Manager Family Planning Nurse Manager Administrative Services Supervisor	Line item budget and necessary modifications submitted.	

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• •••	Develop and maintain financial management systems that are in compliance with the Code of Federal Regulations (CFR) and include the following: budgetary control procedures, accounting systems and reports, purchasing, inventory control, property management, charges, billing and collection procedures.	Family Planning Program Chief Family Planning Assistant Nurse Manager Family Planning Nurse Manager Administrative Services Supervisor	Financial management systems maintained in compliance and reviewed at program evaluations.
• •••	Develop and properly implement a sliding fee scale on an annual basis to reflect the current federal poverty guidelines.	Clinical Director of Operations Family Planning Program Chief	Sliding fee scale developed, implemented and reviewed at program evaluations.
• •••	Complete all financial reporting requirements as detailed by the contract.	Family Planning Program Chief Family Planning Assistant Nurse Manager Family Planning Nurse Manager Administrative Services Supervisor	All financial reports submitted on time as required.
• •••	Develop a general ledger report (GLR).	PH Fiscal Program Chief PH Fiscal Manager Family Planning Program Chief	All financial reports submitted on time as required and reviewed quarterly.

Community Education and Outreach Partnering Plan for Family Planning Total number of general outreach activities(Section I): 2,000 Total Number of partnering activities(Section II): 1,500 Total number of mass marketing activities (Section III): 2,000 Total Number of individuals reached in Community and Education Outreach Partnering Plan: 5,500

Section 1: General Outreach

of individuals reached: 2000

	Type of Outreach Venue		Population Reached	T	ype of Educ./Presentation		Method of Evaluating Success
X	Community Group	X	Homeless individuals	X	Abstinence	X	Sign-in sheets maintained and compared to projected numbers
X	Middle or High School						
X	Community College or University	X	Substance using individuals	X	STDs/HIV		Pre and post tests to assess changes in knowledge
X	Faith-based organization						
	Social Service Agency	X	Individuals with disabilities	X	Family planning and contraceptive methods		Post presentation participant evaluations
X	WIC Center						
	Migrant Camp or Services Organization	X	Individuals with limited English proficiency	X	Life Skills		Assessment of number of people who visit clinic as a result of outreach
	Detention/Incarceration Center						
	Job Training Center/Program			X	Services provided/making appointments	X	Regular meetings with outreach venue organization to discuss progress and challenges
	Parenting Program		Migrant workers				
	Business or Workplace			X	Flu Vaccination		Other(specify)
X	Homeless Shelter						
X	Substance Abuse Treatment /Recovery Center	X	Males	X	Reproductive Life Plan (RLP)		
X	Women's Shelters						
	Other (Specify)	X	Adolescents		Other (Specify)		

Sec	Section 2: Partnering Plan Name: WIC Program						
# of individuals reached: 500							
	Type of Outreach Venue		Population Reached	T	ype of Educ./Presentation		Method of Evaluating Success
	Community Group	X	Homeless individuals	X	Abstinence	X	Sign-in sheets maintained and compared to projected numbers
	Middle or High School						
	Community College or University	X	Substance using individuals	X	STDs/HIV		Pre and post tests to assess changes in knowledge
	Faith-based organization						
	Social Service Agency	X	Individuals with disabilities	X	Family planning and contraceptive methods		Post presentation participant evaluations
X	WIC Center						
	Migrant Camp or Services Organization	X	Individuals with limited English proficiency		Life Skills		Assessment of number of people who visit clinic as a result of outreach
	Detention/Incarceration Center						
	Job Training Center/Program			X	Services provided/making appointments	X	Regular meetings with outreach venue organization to discuss progress and challenges
	Parenting Program	X	Migrant workers				
	Business or Workplace				Flu Vaccination		Other(specify)
	Homeless Shelter						
	Substance Abuse Treatment /Recovery Center	X	Males	X	Reproductive Life Plan (RLP)		
	Women's Shelters						
	Other (Specify)	X	Adolescents		Other (Specify)		

Section 2: Partnering Plan Name: Riverside County School District							
# of individuals reached: 1000							
	Type of Outreach Venue		Population Reached	T	ype of Educ./Presentation		Method of Evaluating Success
	Community Group		Homeless individuals	X	Abstinence	X	Sign-in sheets maintained and compared to projected numbers
X	Middle or High School						
	Community College or University		Substance using individuals	X	STDs/HIV		Pre and post tests to assess changes in knowledge
	Faith-based organization						
	Social Service Agency	X	Individuals with disabilities	X	Family planning and contraceptive methods	X	Post presentation participant evaluations
	WIC Center						
	Migrant Camp or Services Organization	X	Individuals with limited English proficiency	X	Life Skills		Assessment of number of people who visit clinic as a result of outreach
	Detention/Incarceration Center						
	Job Training Center/Program			X	Services provided/making appointments	X	Regular meetings with outreach venue organization to discuss progress and challenges
	Parenting Program		Migrant workers				
	Business or Workplace				Flu Vaccination		Other(specify)
	Homeless Shelter						
	Substance Abuse Treatment /Recovery Center	X	Males		Reproductive Life Plan (RLP)		
	Women's Shelters						
	Other (Specify)	X	Adolescents		Other (Specify)		

••••••		• • • • • • • • • • • • • • • • • • • •				
Health Fairs	Print Media		•	Distribution of Educational Materials		
Street Outreach	• Internet Websites			Sign in Sheets		
Concerts	Community Events	2000		Estimated Audiences		
Concerts	Community Events	2000		Estimated Addictices		
Radio	Twitter					
TV	 Facebook 					
1. V	• Facebook					

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	Riverside Neighborh	nood Health Center 7140 India	ana Avenue , Riverside CA 92504	1 Riverside		
	•••••			•••••		
92501, 92503, 92504, 92505, 92506, 92507, 92508	Rural Urban X Suburban		Mon:	1000	1003920943	
	Indio Family Care C	enter 47-923 Oasis Street , In	dio CA 92201 Riverside			
	••••			••••	• • ••	
92201, 92236, 92254, 92274	Urban _	Medical Community Education Health Education (in House)	Mon:	1200	1023122967	
• ••• • • • • • • • • • • • • • • • •						
				• • • • • •	• • •• • • • •	
92879, 92880, 92881,92882, 92883, 92860	Rural Urban X Suburban	Medical Community Education Health Education (in House)	Mon: Tue: Wed: Thu: Fri: Sat: Sun:	2000	1205940145	

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	Hemet Family Care	Center 880 N. State Street , F	Hemet CA 92543 Riverside		
• • • • • • • • • • • • • • • • • • • •					
92543, 92554, 92545, 92548, 92582, 92583, 92596	Rural Urban Suburban	Community Education	Mon:	1400	1114031051
	Palm Springs Comm	nunity Health Center 191 N. S	unrise Way , Palm Springs CA 92	2262 Riverside	
92258, 92262, 92264, 92282	Rural Urban Suburban	Community Education	Mon: Tue: Wed: Thu: Sat: Sun:	1000	1386758225
	Banning Family Care	e Center 3055 West Ramsey	, Banning CA 92220 Riverside		
				• • • • • • • • • • • • • • • • • • • •	•••••
92220, 92223, 92230, 92549	Rural Urban X Suburban		Mon:	1000	1346353679

• ••• • • • • • • • • • • • • • • • • •					
	Jurupa Valley Comr	munity Health Center 8876 Mis	ssion Blvd. , Riverside CA 92509	Riverside	
		•••••			
92509, 91752	Urban _	Medical Community Education Health Education (in House)	Mon: Tue: Wed: Thu: Fri: Sat: Sun:	1400	1871607713
	Davida Familla Casa	Cartan 200 F. Cara Jacinto Av	Descis CA 00570 Diverside		
		Center 308 E. San Jacinto Avo	e , Perris CA 92570 Riverside		
• • • • • • • • • • • • • • • • • • • •		•••••			
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92567, 92579, 92571, 92584, 92585, 92586, 92587	X Urban	Medical Community Education Health Education (in House)	Mon:	1200	1194839035
	Lake Elsinore Famil	y Care Center 2499 East Lake	eshore Drive , Lake Elsinore CA	92530 Riverside	
		•••••			
92530, 92532, 92595, 92562, 92563, 92591, 92592	Rural	Medical Community Education Health Education (in House)	Mon:	1400	1396859179

	Rubidoux Family C	are Center 5256 Mission Blvd.	, Riverside CA 92509 Riverside		
		•••••			
				• • • • •	
92509, 92501, 91752	Urban	X Medical X Community Education X Health Education (in House)	Mon: Tue: Wed: Thu: Fri: Sat: Sun:	1000	1356455299
	Moreno Valley Cor	mmunity HC 23520 Cactus Ave	e., Moreno Valley CA 92553 Rive	erside	
	• • • • • • • • • • • • • • • • • • • •	•••••			
• • • • • • • • • • • • • • • • • • • •				• • • •	
92551, 92553, 92555, 92557, 92554, 92556	Rural	X Medical X Community Education X Health Education (in House)	Mon:	1400	1437642345
	a dan arang menganan menganan menganan menganan dan menganan menganan menganan menganan menganan menganan mengan		NATIONAL STATEMENT AND ADDRESS OF THE STATEME		
	Perris Valley Comm	nunity Health Center 450 E. Sa	n Jacinto Ave. , Perris CA 92570	Riverside	
	•••••	•••••			
• • • • • • • • • • • • • • • • • • • •		• •••••			
92567, 92579, 92571, 92584, 92585, 92586	Rural	X Medical X Community Education X Health Education (in House)	Mon:	500	1891352944

FAMILY PLANNING SERVICES REPORTING REQUIREMENTS:

The Contractor shall submit the following required reports in compliance with the dates and conditions specified below. Essential Access will provide instruction when procedures for the proper completion if these reports change.

REPORT TITLE	FREQUENCY OF SUBMISSION	DUE DATE
Family Planning Services Semi-Annual Progress Report Submitted electronically at https://extranetportal.essentialaccess.org	Semi-Annually	For April 1, 2023 through June 30, 2023 Due: July 25, 2023 and combined with data submitted for the period January 1, 2023 through March 31, 2023 For July 1, 2023 through December 31, 2023 Due: January 25, 2024 For January 1, 2024 through March 31, 2024 to be combined with future funding period of April 1 2024 through June 30, 2024 and Due: July 25, 2024
Statement of Devenue and Evenue diture	Quarterly	Instructions will be issued if this changes 25th of the month following the period reported
Statement of Revenue and Expenditure Report (includes submission of General Ledger backup of Title X expenditures only) Submitted electronically at https://extranetportal.essentialaccess.org	Quarterry	For April 1, 2023 through June 30, 2023 Due July 25, 2023 For July 2023 through September 30, 2023 Due October 25, 2023 For October 2023 through December 31, 2023 Due: January 1, 2024 For January 1, 2024 through March 31, 2024 Due: April 25, 2024
Annual External Audit and A-133 Audit if applicable Submitted to the Finance Division	Annually	30 days after completion of audit but no later than nine months after the end of the accounting period under audit.
Centralized Data System (CDS) submission Submitted electronically at www.essentialaccess.org	Bi-Monthly	Bi-Monthly on the 25th of the month following the period reported
Special Reports, surveys and questionnaires as may be requested by Essential Access or its funding source	Specified Date	Specified Date
Performance Measures Assessment and as needed, Corrective Action Plan Creation	Annually	To Be Determined
Corrective Action Plan Completion as required	Annually	To Be Determined

Special Terms and Requirements This award includes:

- 1. **Program Specific Regulation.** In accepting this Title X Award, the Subrecipient agrees that the award and any activities thereunder are subject to all provisions of 42 CFR Part 59, Subpart A currently in effect or implemented during the period of the grant.
- 2. **Notification/Reporting Requirements.** Notwithstanding any other provision of law, no provider under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.
- 3. **Program Specific Certification.** In accepting this Title X Award, the Subrecipient certifies that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.
- 4. **Program Priorities.** Title X Priorities include all of the legal requirements covered within the Title X statute, regulations, and legislative mandates. Subrecipients must comply with the requirements regarding the provision of family planning services that can be found in the statute (Title X of the Public Health Service Act, 42 U.S.C. § 300 et seq.) and the implementing regulations (42 C.F.R. Part 59, Subpart A). In addition, sterilization of clients as part of the Title X program must be consistent with 42 C.F.R. Part 50, Subpart B ("Sterilization of Persons in Federally Assisted Family Planning Projects").
- 5. **340B Program Participation.** Sub-recipient(s) that enroll in the 340B Program must comply with all 340B Program requirements and may be subject to audit at any time regarding 340B Program compliance. 340B Program requirements are available at https://www.hrsa.gov/opa/program-requirements/index.html.
- 6. Evaluation Cooperation. The Subrecipient must cooperate with OPA program evaluations.
- 7. **Lobbying Restrictions.** In addition to the longstanding prohibitions on lobbying described in the Funding Opportunity Announcement (PA-FPH-19-001), Title X 42 C.F.R. § 59.16 prohibits activities that encourage, promote, or advocate for abortion as a method of family planning. This regulation specifically prohibits the use of Title X funds for a variety of lobbying and advocacy activities, including:
 - (a) A Title X project may not encourage, promote or advocate abortion as a method of family planning. This restriction prohibits actions in the funded project that assist women to obtain abortions for family planning purposes or to increase the availability or accessibility of abortion for family planning purposes.
 - (b) Prohibited actions include the use of Title X project funds for the following:
 - (i) Lobbying for the passage of legislation to increase in any way the availability of abortion as a method of family planning;
 - (ii) Providing speakers or educators who promote the use of abortion as a method of family planning;

- (iii) Attending events or conferences during which the Subrecipient engages in lobbying;
- (iv) Paying dues to any group that, as a more than insignificant part of its activities, advocates abortion as a method of family planning and does not separately collect and segregate funds used for lobbying purposes;
- (v) Using legal action to make abortion available in any way as a method of family planning; and
- (vi) Developing or disseminating in any way materials (including printed matter, audiovisual materials and web-based materials) advocating abortion as a method of family planning.

The regulation provides several examples of activities that violate and do not violate this prohibition at 42 C.F.R. § 59.16(b)(l) - (8).

Consistent with longstanding cost principles you as the Subrecipient must use accounting practices consistent with the cost principles in 42 C.F.R. part 75, including providing for adequate documentation to support costs charged to the Federal award (42 C.F.R. § 75.400(d)). It is your responsibility in accepting this award to ensure that membership dues, conference registration fees, and associated travel expenses document compliance with the requirements of 42 C.F.R. § 59.16 as part of your documentation to support that the costs are allowable, allocable, necessary and reasonable for the purpose of the award.

Assurance of Compliance

This attachment certifies that the Subrecipient will comply with requirements regarding the provision of family planning services under Title X (Title X of the Public Health Service Act, 42 U.S.C. 300, et seq.) and regulations which govern grants for family planning services (42 CFR part 59, subpart A).

Subrecipient assures that it will:

- 1. Provide services without subjecting individuals to any coercion to accept services or coercion to employ or not to employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participation in any other program of the recipient.
- 2. Provide services in a manner that is client-centered, culturally and linguistically appropriate, inclusive, and trauma-informed.
- 3. Provide services without regard to religion, race, color, national origin, disability condition, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status.
- 4. Not provide abortions as a method of family planning.
- 5. Provide that priority in the provision of services will be given to persons from low income families.
- 6. Protect all personal health information as per the HIPAA guidelines.
- 7. Encourage family participation in the decision of the minor seeking family planning services.
- 8. Provide counseling to minors on how to resist coercive attempts to engage in sexual activities.
- 9. Comply with Title X regulations consistently at all sites included in the program.

ESSENTIAL ACCESS HEALTH SEPARATION OF FAMILY PLANNING AND ABORTION SERVICES POLICY

If a Subrecipient provides abortion services, Essential Access will verify the following on each Title X program monitoring visit to ensure Title X activities and abortion services are separate and distinct:

Activity Financial separation of Title X family planning services funding and abortion services funding, including verification that funding for common costs is properly allocated.	Responsible Person Essential Access Lead Financial Auditor
The ability to separate and distinguish between Title X family planning activities and non-Title X abortion related activities within the facility.	Essential Access Medical Specialists and Essential Access Program Representatives
That abortion information is not presented as a method of family planning during Title X family planning client education.	Essential Access Medical Specialists and Essential Access Program Representatives

Process for Subrecipients to Initiate Abortion Services

If a Subrecipient plans to add abortion services, the following must be done:

- A. Six weeks prior to adding abortion services, the Subrecipient will notify Essential Access in writing of its intent to implement abortion services.
- B. Essential Access will conduct an onsite review of the proposed abortion services health center prior to the Subrecipient's provision of such services. The review will include:
 - 1. Verification of financial separation of Title X family planning services funding and abortion services funding, including verification that funding for common costs is properly allocated.
 - 2. Verification of the ability to separate and distinguish between Title X family planning activities and non-Title X abortion related activities within the facility.
 - 3. Verification that abortion information is not presented as a method of family planning during Title X family planning client education.
- C. Essential Access will summarize any findings and recommendations in a letter that will be sent to the Subrecipient. A timeline for correction of any findings will be established with the Subrecipient and a follow-up review will be scheduled prior to the implementation of abortion services, if necessary.

Subrecipients must not include abortion activities in their Title X budget application and must describe in the Extranet - Exhibit E how they separate their financial information between Title X family planning services and non-Title X abortion activities.